

UNITED STATES NATIONAL STAGE WORKS SET (DO/EO)

Terry M. Johnson, Vessels, Paralegal

J. S. Application No. 10/531840

Publication Date 15 February 2004

Publication No. WO 2004 011102 A1 PCT/RO/101

International Application No. PCT EN 02/00577 Language Chinese

Priority Info: Country CN No. 02134442 date 25 July 2002 MORE turn over

Abstract: Correspondence checked: Inventor Name checked:

Copy in International Application: yes no Translation: yes no

Copy of ISR Copy of IPER

Total Claims: 13 Chargeable 3 Independent 1 multiple

371 Filing Fees: 515; meets Art. 33(2)-(3) Low fee applies:

Number of drawing Sheets: 1

Oath/Declaration: yes no signed unsigned defective completed

large entity fee: Small entity fee: SME papers: yes no

Biochemical Seq. Diskette: yes no entered Biochemical Seq. Listing: yes no

statement yes no

Copy of ISR: with References without References

Copy of IPER: yes no Annexes yes no entered not entered

Preliminary Amendment(s): yes no 2nd amendment date

IDS: yes no DATE: 2nd yes no DATE

Request for Immediate Examination: yes no

Substitute Specification: yes no

Assignment: yes no forwarded to Assignment

Priority Document(s): yes no Number of copies included

Power of Attorney: yes no

Date of 35 VSC Receipt of Request: 20 January 2005 Notes:

Date Completion VSC 371 Requirements:

Notice of Missing Requirements: 09 July 2005

Notice of Defective Response:

Notice of Acceptance:

Notice of Abandonment:

Other forms:

Article 19 Amendment: yes no replaced by Article 34 Amdt.

Extension of time: Number of months

Petition to Revive: Petition 1.47:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/521840

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 50
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 50

8 TO BE REFUNDED BY:

10 REASON:	Treasury Check
<input checked="" type="checkbox"/> Overpayment	Credit Deposit A/C #:
Duplicate Payment	<u>9 20 -- 01 00</u>
No Fee Due (Explanation):	

Rule change - 08 Dec 2004 -

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: *Terry M. Johnson*

OFFICE: *DO/ED*

TITLE: *Supervisor*

PHONE: *703-308-9140*

X221

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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